WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1952

D. A. McCRACKEN, M.D., D.P.H.
County Medical Officer.

County Health Department,
Bury St. Edmunds.

To the Chairman and Members of the West Suffolk County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the County Medical Officer for the year 1952.

The vital statistics for the year are satisfactory. The birth rate of 14.48 *per thousand of estimated population shows a slight decrease of* 0.59 *on the rate of* 15.07 *for* 1951. *The crude death rate of* 11.35 *is* 1.49 *lower than that for the previous year. The birth rate for* 1952 *is* 3.13 *in excess of the death rate. The infant mortality rate of* 27.85, *whilst not the lowest recorded in the County, approximates to that of* 27.6 *for England and Wales.*

Apart from the marked increase in the notification of measles, food poisoning and infective hepatitis, there was no undue prevalence of communicable diseases. An epidemic of measles took place during the latter half of the year, whilst, in addition, an outbreak of food poisoning occurred in a residential school. The latter outbreak, although it was fully investigated by Dr. R. H. Clayton, the District Medical Officer of Health, did not reveal any specific organism. For the fourth year in succession no cases of diphtheria were reported. The total number of notifications of tuberculosis showed a welcome decrease from 102 *in* 1951 *to* 86 *in* 1952.

It is a pleasure to place on record my appreciation of the support I have received from the Chairman and Members of the Health Committee since taking up duty in October, and the assistance which was willingly afforded me by the Executive Officers of the Local Authority.

I must also acknowledge with gratitude the splendid help I received from my predecessor, Dr. Henry Roger, who retired on 30*th September,* 1952, *and for the loyalty and support given me by the medical and clerical staff of the Health Department.*

I have the honour to be,
Your obedient Servant,
DAVID ANDREW McCRACKEN,
County Medical Officer of Health.

8*th July,* 1953.

STAFF OF THE COUNTY HEALTH DEPARTMENT.

County Medical Officer:

H. Roger, M.A., M.B., Ch.B., D.P.H. (to 30-9-52).
D. A. McCracken, M.D., D.P.H. (from 27-9-52).

Deputy County Medical Officer:

A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

T. A. H. Smith, M.B., Ch.B.
G. P. Barclay, M.B., Ch.B., D.P.H. (Also M.O.H. of County Districts.)
P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. (Also M.O.H. of a County District.)

Senior Dental Officer:

S. H. Pollard, L.D.S.

Superintendent Health Visitor:

M. P. Mullender, S.R.N., Certified Midwife, Health Visitors' Certificate.

Health Visitors and School Nurses:

At the end of the year ten full-time health visitors, one part-time health visitor, one school nurse, and two dental attendants were being employed.

Supervisor of Midwives:

O. E. Payne, S.R.N., Certified Midwife, Health Visitors' Certificate.

District Nurses:

At the end of the year thirty-seven district nurse-midwives, one general nurse, and two part-time relief nurses were being employed.

Welfare Officers:

J. E. Bradshaw.
B. W. Cockell.
W. Gamble.
W. J. J. Tyrrell.

Welfare Officer for the Blind:

M. D. Gourlay.

Chief Sampling Officer (Food and Drugs Acts):

D. Thompson.

Home-help Organiser (hon.):

G. M. Penly Cooper, M.B.E., S.R.N., Certified Midwife.

Administrative Officer:

D. Kilner.

Clerks:

At the end of the year fifteen clerks were being employed.

All the members of the medical, dental, health-visiting and most of the clerical staff were also employed in the school health service.

VITAL STATISTICS.

Area in Acres	390,916
Population (Estimated, 1952)—Urban	44,080
Rural	84,820
Administrative County	128,900
Rateable Value	£573,675
Estimated Product of a Penny Rate	£2,281

Births.

Live Births :—

	Total.	*Males.*	*Females.*
Legitimate	1,786	926	860
Illegitimate	81	40	41
Total Births	1,867	966	901

The Birth Rate was 14.48 per 1,000 of the estimated population as compared with 15.07 for 1951. The Birth Rate for England and Wales was 15.3.

Still Births :—	*Total.*	*Males.*	*Females.*
Legitimate	40	16	24
Illegitimate	2	—	2
Total Still Births	42	16	26

The Still Birth Rate was 0.33 per 1,000 of the estimated population as compared with 0.29 for 1951. The Still Birth Rate for England and Wales was 0.35.

Deaths.

All causes	1,463

The Death Rate was 11.35 (crude) per 1,000 of the estimated population as compared with 12.84 for 1951. The Death Rate for England and Wales was 11.3.

Infant Mortality (under 1 year of age) :—	
All infants per 1,000 live births	27.85
Legitimate per 1,000 legitimate live births	27.44
Illegitimate per 1,000 illegitimate live births	37.04
The Infant Mortality Rate for England and Wales was	27.6

Infant Mortality (under 4 weeks of age) :—	
All infants per 1,000 live births	21.96
Legitimate per 1,000 legitimate live births	21.28
Illegitimate per 1,000 illegitimate live births	37.04

Maternal Mortality :—	
Deaths from pregnancy, childbirth and abortions	—
Maternal Mortality Rate per 1,000 total births	—
The Maternal Mortality Rate for England and Wales was	0.72

Deaths from :—	
Tuberculosis	20
Measles	1
Whooping Cough	—
Diphtheria	—

Principal Causes of Death :—	
Heart Disease and other Circulatory Diseases	566
Cancer	255
Vascular Lesions of the Nervous System	228
Pneumonia and Bronchitis	105
Accidents	50

Notifiable Diseases.

Final Notifications :—	
Tuberculosis—Pulmonary	62
Non-Pulmonary	24
Scarlet Fever	79
Whooping Cough	364
Acute Poliomyelitis	4
Measles	1246
Diphtheria	—
Acute Pneumonia	81
Dysentery	2
Smallpox	—
Acute Encephalitis	2
Typhoid and Paratyphoid Fevers	—
Erysipelas	13
Meningococcal Infection	3
Food Poisoning	91
Puerperal Pyrexia	16
Ophthalmia Neonatorum	—
Infective Hepatitis	55
Malaria	—

Estimated Populations, Birth Rates, Death Rates and Deaths classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis non-respiratory	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infectious and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasm of prostate	Pregnancy, childbirth, abortion	Congenital malformation	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
Boroughs and Urban Districts—																																										
Bury St. Edmunds	20,240	15.4	16.1	12.3	11.4	2	1						1		6	5	4	3	35	1	1	46	32	4	36	12		15	6	2	3	2	3	1		1	20	1	6			249
Hadleigh ..	3,127	18.6	20.6	10.2	8.4	1									2				1			5	6	1	8	1			2			1	1	1				2			32	
Haverhill ..	4,105	14.9	16.4	19.5	15.0	2									2	1	2	1	5		2	11	8	1	13	8		7				1	1	2			11		1	1		80
Newmarket ..	10,380	13.8	14.5	12.5	10.8	2									4	2	2		13			21	25	2	16	7	1	6	2	2	2	2	3	3			9	3	2	1		130
Sudbury	6,228	12.4	13.6	16.2	11.4	1									4	2	1	1	8	1		11	13		34	4	1	3	3	3		1				1	6		1	1	1	101
Totals ..	44,080	14.8	15.8	13.4	11.3	8	1						1		18	10	9	5	62	2	3	94	84	8	107	32	2	31	13	7	5	7	8	7		2	46	4	12	3	1	592
Rural Districts—																																										
Clare	9,527	12.9	15.6	13.7	10.8	2	1								7		5	1	12			21	16	1	27	2		6	1	2	1			3			11	1	10			130
Cosford	9,443	14.6	17.4	13.1	9.6	2									7	3	1		15	1	1	24	11	1	21	7		4	5	1	2		2	1		1	7	1	2	4		124
Melford	12,920	14.4	14.8	13.2	10.3	2								1	4		2	1	16		1	32	17	3	36	9		8	9		2	1	3	1		4	11	1	4	2		170
Mildenhall ..	24,980	13.6	23.1	6.2	8.5	1								1	1	1	4		20	1	1	23	16	1	34	5		8	2	2	1		2			3	19	4	2	1	1	154
Thedwastre ..	8,880	18.6	21.4	11.4	8.8									1	1	2	1	1	9			17	14	3	25	6		5		1	1			2		3	8		1			101
Thingoe	19,070	14.0	17.7	10.1	9.8	3								1	3	4	4	3	23	1	2	17	27	2	36	15		9	4	4	1	2		3		1	14	5	3	3	2	192
Totals ..	84,820	14.4	18.4	10.3	9.6	10	1							4	23	10	17	6	95	3	5	134	101	11	179	44		40	21	10	8	3	7	10		12	70	12	22	10	3	871
Grand Totals	128,900	14.5	17.4	11.4	10.2	18	2						1	4	41	20	26	11	157	5	8	228	185	19	286	76	2	71	34	17	13	10	15	17		14	116	16	34	13	4	1,463
															Cancer																											

ADMINISTRATION OF THE HEALTH SERVICES.

The functions of the County Council under the National Health Service Act, 1946, and the National Assistance Act, 1948, are administered by the Health Committee. No de-centralisation has taken place and the County Medical Officer is therefore directly responsible for all the work carried out.

Co-ordination and co-operation with other parts of the National Health Service.

Hospital and Specialised Services.

The Hospital Authorities are provided with lists of the District Nurses and Health Visitors and their districts, but the practice in notifying the Health Department of the impending discharge from hospital of infants and of any patients likely to require help and advice from a district nurse, a health visitor, a welfare officer, the home help service or any other branch of the County Health and Welfare Services, varies according to the hospital. All cases referred are followed up as quickly as possible.

All the hospital authorities refer cases of women applying for admission to the maternity departments of hospitals where there appear to be no medical abnormalities, for investigation, by the health visitors, into the home conditions.

The Consultant Ophthalmologist forwards for the information of the School Medical Officer copies of the reports on school children that he sends to the medical practitioners concerned. Information with regard to other school children can always be obtained from the hospital staff when required.

Arrangements have been made with Eye Specialists to examine persons suspected to be blind within the meaning of the National Assistance Act, and to submit the necessary certificates for registration.

General Medical Practitioners.

General medical practitioners are given lists of names and addresses of the district nurses, health visitors and welfare officers working in their areas. They are also kept informed of any change in policy or procedure of the County Health Services through the Local Medical Committee, of which the County Medical Officer is a member.

The District Nurse-Midwives work in close co-operation with the medical practitioners, and their relationship, in general, is good.

School children or children attending infant welfare clinics found to require treatment are referred to their own doctors. No difficulty has been experienced in obtaining information from them, when required.

No person is referred to a hospital or specialist without consulting the medical practitioner concerned.

The General Public.

A leaflet, giving briefly the County Health and Welfare Services available to the public, has been distributed as far as possible, through the help of the District Councils, to all rate-payers in the County.

Joint Use of Staff.

Arrangements have been made with the Regional Hospital Board for the joint use of a Chest Physician who undertakes, for the County Council, the supervision of the care and after-care of tuberculous patients.

There has been no opportunity for medical officers of the Council to be employed in the Hospital and Specialist Services.

The functions of the County Council relating to mental illness and mental defectiveness have been carried out by the Suffolk County Joint Mental Health Board. The County Welfare Officers, in agreement with the County Council, were appointed as duly authorised officers under the Board. They visit patients discharged from Mental Hospitals who need friendly help and advice, and they have also undertaken, on behalf of the Board, the statutory, as well as the voluntary, supervision of mentally defective persons who do not need the services of specialised officers.

No arrangements have been made for the part-time employment of general medical practitioners. A recent appeal through the Local Dental Committee, however, resulted in the appointment of one local dental practitioner as a part-time dental surgeon on the County staff, for employment in the treatment of school children.

Voluntary Organisations.

The County Nursing Association.

Although the County Council has taken over full responsibility for the direct employment of the District Nurse-Midwives, the County Nursing Association continues to function in an advisory capacity and is doing useful work in alleviating, through voluntary funds, the hardships suffered by retired nurses who were too old, when the County Council assumed responsibility, to be admitted into the Local Government Superannuation Scheme. The County Medical Officer is, *ex-officio*, a

member of, and the Non-Medical Supervisor of Midwives acts as Secretary to, the Association. Thus full co-operation between it and the Health Department is secured.

The St. Edmundsbury and Ipswich Diocesan Moral Welfare Association.

An agreement has been made with this Association by which the care of unmarried mothers is undertaken by the moral welfare workers employed by the Association. The County Council makes an annual grant of £200 to the Association towards the cost of administration and accepts financial responsibility for institutional care in approved cases.

The British Red Cross Society.

This Society acts as the agent of the County Council for the Ambulance and Hospital Car Services but supervision is exercised by the Health Department through scrutinisation of the accounts and salary claims and of the applications for the Hospital Car Service, which are received in the Health Department.

The Society allowed the continued use of the ambulances which were already in service throughout the County before the National Health Service Act came into operation. They are responsible for providing the ambulance drivers and the Hospital Car Service drivers, and for the day to day administration of the services.

Two representatives of the Society are co-opted members of the Ambulance Service Sub-Committee of the Health Committee and are therefore kept aware of the Committee's policy.

An arrangement has also been made with this Society by which they provide for the loan of equipment, apparatus, and medical requisites through their medical loan depots which are situated throughout the County. The County Council gave grants to the Society to enable them to make their stocks adequate and an annual grant of £50 is made to cover the cost of replacements.

The Haverhill Voluntary Welfare Society.

Co-operation is maintained with this Society which is an amalgamation of the former Haverhill and District Ambulance Society and the Haverhill District Nursing Association, and now provides a welfare service for old people. The ambulance, provided through voluntary funds, was handed over to the County Council for use in that area. A representative of the Society is a co-opted member of the Ambulance Service Sub-Committee.

Other Voluntary Associations.

A friendly relationship has been established with the National Society for the Prevention of Cruelty to Children whose inspector co-operates with the health visitors in dealing with difficult families. In needy cases, also, the clothing depot established by the local branch of the Women's Voluntary Services has proved of great assistance.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers.

Ante-natal and post-natal care is given, in domiciliary cases, by the district nurse-midwives, who have been instructed to encourage expectant mothers to avail themselves of the services provided through the Executive Council by "booking" their own doctors. For institutional cases, ante-natal and post-natal clinics are provided at the hospitals in which there are maternity beds. It has not been considered necessary, therefore, to provide additional ante-natal or post-natal clinics.

A supply of maternity outfits, free of charge, is available for domiciliary cases. These are normally given out by the District Nurse-Midwives but may be issued direct to patients on the receipt of a doctor's certificate. Seven hundred and sixty-seven outfits were supplied during 1952, at a cost of £330.

Unmarried mothers coming to the notice of the Health Department are referred to the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association, from whom reports on the results of the visits paid by their workers are received. Twenty-one cases were referred during the year. The Association, when it is necessary or desirable, arranges for the admission of girls to suitable homes for care and training. During 1952, the County Council accepted financial responsibility for 13 girls in Homes.

Talks on Mothercraft are given by members of the staff of the Health Department at Infant Welfare Clinincs and to Women's Institutes.

Arrangements have been made with the Ipswich County Borough Council by which, in suitable cases, mothers who require advice on birth control, are referred to the Women's Welfare Clinic at Ipswich. Sixty-two attendances, of which 48 were first attendances, were made by these mothers at the clinic during the year. The fee for each case is 7s. 6d.

Child Welfare.

Infant Welfare Clinics are provided in suitable centres throughout the County, and are held once a month or more frequently in the more populous areas, *i.e.*, twice a month, once a week or

twice a week. With the exception of Bury St. Edmunds, where an *ad hoc* clinic is rented from the Borough Council at £260 per annum, all the clinics are held in Village Halls or such other halls or rooms as are available.

The position of these clinics is kept under constant review, as, with the limited health visiting staff available, it is important that they should be situated where, from experience, it is found that best use can be made of them.

In one rural area, where transport is difficult, a 'bus has been hired to convey mothers and children from surrounding villages to a clinic. The experiment has proved to be satisfactory and is therefore being extended to cover a second area.

At the end of 1952 clinics were being held at the following places:—

Bury St. Edmunds.	The Clinic.	Every Wednesday and Friday	in month.	Afternoon.
Barrow.	Reading Room.	4th Friday	,, ,,	,,
Bildeston.	Chapel School Room.	1st Wednesday	,, ,,	,,
Boxford.	Village Hall.	2nd Wednesday	,, ,,	,,
Brandon.	Church Institute.	2nd and 4th Tuesdays	,, ,,	,,
Bures.	Women's Institute Hall.	4th Friday.	,, ,,	,,
Clare.	British Legion Hut.	2nd Tuesday	,, ,,	,,
Elmswell.	The School.	1st Thursday	,, ,,	,,
Glemsford.	Old School.	4th Tuesday	,, ,,	,,
Great Thurlow.	Rose and Crown Hotel.	4th Wednesday	,, ,,	,,
Great Waldingfield.	Acton Aerodrome.	2nd Friday	,, ,,	,,
Hadleigh.	White Lion Hotel.	1st and 3rd Fridays	,, ,,	,,
Haverhill.	Welfare Hall, Lordscroft Lane.	2nd and 4th Thursdays	,, ,,	,,
Hundon.	Village Hall.	1st Wednesday	,, ,,	,,
Ixworth.	Village Hall.	3rd Thursday.	,, ,,	,,
Lakenheath.	Peace Memorial Hall.	3rd Thursday	,, ,,	,,
Lavenham.	Guildhall.	2nd Tuesday	,, ,,	,,
Long Melford.	Village Hall.	1st Tuesday	,, ,,	,,
Mildenhall.	Bunbury Rooms.	1st Friday	,, ,,	,,
Nayland.	Congregational Church Rooms.	3rd Wednesday	,, ,,	,,
Newmarket.	Fitzroy St. Rooms.	1st and 3rd Tuesdays	,, ,,	,,
Rickinghall.	Village Hall.	2nd Thursday	,, ,,	,,
Rougham.	Village Hall.	3rd Friday	,, ,,	,,
Shimpling.	Church Hall.	2nd Friday	,, ,,	,,
Sudbury.	Youth Club Premises, Stour Street.	Every Thursday	,, ,,	,,
Walsham-le-Willows.	Institute.	4th Tuesday	,, ,,	,,
Wickhambrook	Women's Institute Hall.	1st Thursday	,, ,,	,,

The total number of children who attended these clinics during the year was 2,400. Of these 831 were under one year of age. One thousand and thirty-five attended for the first time. The total number of attendances was 11,360, including 6,251 made by children under one year of age.

Care of Premature Infants.

Special cots, complete with blankets, hot-water bottles, "Belcroy" feeding bottles, etc., are available at the Health Department for loan to domiciliary cases. Close co-operation is maintained with the local hospitals and premature infants discharged from hospital are visited by the health visitors as frequently as necessary.

Supply of Dried Milk, etc.

Arrangements have been made with the Ministry of Food for the distribution, by voluntary helpers, at Infant Welfare Clinics of National Dried Milk, cod-liver oil, orange juice and vitamin tablets. Arrangements have also been made for welfare foods not available through the Ministry of Food, to be supplied at special prices through a voucher scheme by pharmacists.

Dental Care.

A scheme has been adopted for the dental care of expectant and nursing mothers and young children by the County dental officers. This work has been greatly restricted by the lack of sufficient staff. The following is the report of Mr. Pollard, the Senior Dental Officer:—

> "The continuing shortage of dental officers has prevented any development of the provision of dental treatment for mothers and young children. As in preceding years a small number of patients attended for inspection and treatment, chiefly at the Bury St. Edmunds and Sudbury Centres.
>
> At the time of writing the position appears a little more hopeful. One part-time dental officer has been appointed. It will, however, be some considerable time before the Scheme, adopted and approved in 1948, can be fully implemented."

NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	*Needing Treatment.*	*Treated.*	*Made Dentally Fit.*
Expectant and Nursing Mothers ..	1	1	1	—
Children under five	27	25	25	14

FORMS OF DENTAL TREATMENT PROVIDED.

	Exts.	*Anaesthetics*		*Fillings.*	*Scalings or Scaling and gum treatment.*	*Silver Nitrate treatment.*	*Miscellaneous operations.*	*Radiographs.*	*Dentures provided.*	
		Local	*Gen.*						*Complete.*	*Partial.*
Expectant and Nursing Mothers	11	4	—	—	—	—	—	—	—	—
Children under five	42	—	38	2	—	32	31	—	—	—

Other Provision.

The services of the County Speech Therapist are available for children under school age.

DOMICILIARY MIDWIFERY.

When the National Health Service came into operation, the District Nurse-Midwives throughout the County, who had formerly been employed by the District Nursing Associations, became the employees of the County Council. The County Nursing Association and some of the District Nursing Associations continued in an advisory capacity. The supervision of these nurses is undertaken by a non-medical supervisor of midwives, under the direction of the County Medical Officer. The routine inspection of midwives employed in institutions has not been considered necessary as they are already under the supervision of the medical staff of the hospitals concerned, but inquiries are made into any cases of infectious diseases or maternal deaths with which they may be concerned.

The number of midwives practising in the County on 31st December, 1952, was 55. The number of cases attended during the year was as follows:—

	Midwifery.	*Maternity.*
County Domiciliary Midwives	594	116
Private Domiciliary Midwives	—	—
Institutional Midwives	951	236
Total	1,545	352

The County was divided into 37 districts and on 31st December, 1952, there were 40 nurses of the following types:—

Queen's Nurse-Midwives	13
Other District Nurse-Midwives	26
General Nurse	1

These numbers include two part-time relief nurses.

Medical help was called by midwives in a total of 127 cases, in 106 of which the medical practitioner concerned had undertaken to attend the patient, if necessary, under the National Maternity Medical Services Scheme.

In June, 1948, 18 of the 35 District Nurse-Midwives then employed had been trained in the administration of gas and air analgesia and had been provided with the necessary apparatus. Arrangements were made for the remaining midwives to attend courses of instruction at the local hospitals. On 31st March, 1951, all the full-time domiciliary midwives employed by the Council had been trained and equipped with apparatus. During 1952, analgesia was administered by them to 546 women, representing 76.9% of all domiciliary cases. The analgesia machines are serviced regularly by the manufacturers.

Arrangements have been made for midwives who are due for post-graduate training to attend the refresher courses organised by the Royal College of Midwives. It is not necessary for more than four to attend each year. Arrangements have also been made with the Obstetric Consultant of the West Suffolk General Hospital for midwives to spend a day in the Hospital, two at a time, as convenient, so that they may be familiar with the work as practised there.

Expectant mothers who have applied for admission to hospital for their confinements, but for whom institutional treatment is not considered necessary on medical grounds, are referred by the Consultants to the Health Department so that the suitability of their homes for confinement may be investigated by the health visitors.

HEALTH VISITING.

The health visitors, who are also school nurses, visit persons in their homes to give advice as to the care of young children, expectant and nursing mothers and persons suffering from illness. In addition they give guidance on the precautions to be taken against the spread of infection and the preservation of the health of the household as a whole.

The full establishment of health visitors and school nurses, as envisaged in the scheme for the service approved by the Minister of Health, is 16. Although four scholarships for training as health visitors were granted during 1948-52 to suitable candidates on the understanding that they would work for the Council for a minimum period of two years after qualification, the full establishment has never been reached. The position, however, is gradually improving, and at the end of 1952 there were 13, including the superintendent health visitor and one full-time school nurse, on the staff.

The number of visits paid to mothers and young children during 1952 was 33,176, including 10,664 to children under one year of age, 22,239 to children between the ages of one and five years, and 273 to expectant mothers.

Arrangements have been made for health visitors to attend, at not more than five-yearly intervals, recognised refresher courses. They also make ward visits at regular intervals to the West Suffolk General Hospital through the courtesy of the Consultant Paediatrician.

HOME NURSING.

Home nursing is carried out by the district nurses, who, with one exception, all engage in midwifery. They are under the supervision of the non-medical supervisor of midwives. Close co-operation is maintained with the general practitioners and with the local hospitals, who refer cases either directly to the nurse, if the matter is urgent, or to the Health Department.

The total number of general visits paid was 71,042.

VACCINATION AND IMMUNISATION.

Health visitors and district nurse-midwives are encouraged to explain to mothers the procedure for having their children immunised against diphtheria and vaccinated. In addition a leaflet is issued to parents explaining the desirability of vaccination and immunisation and asking them to have the child vaccinated before the age of six months and immunised between the ages of 8 and 10 months.

Vaccinations are carried out by medical practitioners who are paid for submitting records.

Immunisation is carried out by medical practitioners who are paid for submitting records and also by the Assistant County Medical Officers at clinics and schools and, in cases where the parent finds it difficult to attend a centre, at the child's home.

Arrangements have been made for the Public Health Laboratory at Cambridge to supply vaccine and prophylactic direct to medical practitioners on request.

Parents of children of school age are circularised through the Head Teachers offering reinforcing injections which are given at the schools.

Diphtheria Immunisation.

Year.	*Initial Dose.*	*Booster Dose.*	*Total.*
1948 (half-year)	880	490	1,370
1949	1,393	776	2,169
1950	1,432	808	2,240
1951	1,748	1,276	3,024
1952	1,575	1,647	3,222

VACCINATION.

Year.	*Age 0-1.*	*Age 1 and over including Re-vaccinations.*	*Total.*
1948 (half-year)	305	150	455
1949	412	400	812
1950	441	590	1,031
1951	821	877	1,698
1952	714	346	1,060

No official arrangements have been made as yet for children to be immunised against whooping cough by the local health authority. It is hoped to make provision for whooping cough immunisation by amending the scheme under Section 26 of the National Health Service Act, 1946, during 1953.

AMBULANCE SERVICE.

Agency Services.

This service was operated mainly through the Agency of the Suffolk Branch of the British Red Cross Society. In the Haverhill area an ambulance was manned by a contracting garage under the general supervision of the British Red Cross Society. One of the ambulances at Sudbury was manned by a contracting taxi proprietor. The East Suffolk County Council serves the Hadleigh area from that Authority's ambulance stations in Ipswich and Stowmarket.

From 1st July the Thetford Ambulance Committee agreed to serve the Brandon area for emergency calls.

The Suffolk and Ipswich Fire Authority's Divisional Control at Bury St. Edmunds continued to act as Ambulance Control for the major part of the County by night and at weekends.

Records were adapted to meet the requirements of Ministry of Health Circular 25/51 as from 1st April. It is not possible, therefore, in the statistical table below to give annual figures except for mileage.

The total mileage figures for ambulances show a slight decrease of 3.3% on those for 1951. This is undoubtedly due to the decrease in number of long distance journeys made by Ambulance. Wherever possible these are now undertaken by rail.

Supplementary Services.

The Hospital Car Service accounted for the major use of the Ambulance Service. The volunteer car drivers deserve high praise for their co-operation. There were 74 on the Register at the end of 1952. The mileage is 11.4% higher than the previous year, which itself must cause some concern.

Since November, 1950, requests on a prescribed form for this Service have been made direct to the Health Department. The form contains a medical certificate requiring

(1) the physical disability which necessitates special transport; and

(2) the personal signature of a registered medical practitioner certifying that the patient is unfit to travel by public transport.

In this way it was hoped to control the service. Every effort is made by the Council's agents to co-ordinate journeys wherever possible, and to avoid "dead" mileage.

It has been found that this Service is used to a large extent by patients requiring transport thrice weekly to Physiotherapy Departments. All regular requests for transport are reviewed at monthly intervals. Many of the cases require transport for prolonged periods. An analysis of patients conveyed during the last six months of 1952 revealed that approximately 50 per cent. of the mileage incurred was for physiotherapy cases.

Private taxicabs were used to a lesser extent this year for conveying mental patients and children injured at school. More mental patients were conveyed by ambulance, than in previous years.

As noted earlier the railway was used for long distance journeys wherever possible during 1952. A "Parrett" type stretcher was purchased and hospitals and medical practitioners were informed of this facility for transporting patients by train. The co-operation of the Railway Executive, and of the London Ambulance Service for the work they carry out from the train termini in London, deserves the highest praise.

Reciprocal Arrangements.

Mutual assistance and, where necessary, joint action, was continued with neighbouring authorities.

General.

Throughout 1952 and earlier years liaison has been maintained with the Senior Administrative Officer of the Regional Hospital Board, Secretaries of Hospital Management Committees, the Local Medical Committee and individual General Practitioners, to ensure the economic use of the Ambulance Service. Before authority is given for journeys to destinations outside the Regional Hospital Board's

area, or between private houses, they must be referred to the Health Department for prior approval. Wherever possible, steps were taken to ensure that treatment was undertaken at the nearest available hospital. Cases of apparent abuse were taken up with the hospitals or Medical Practitioners concerned. The majority of cases conveyed for other Authorities were recharged under the provisions of the 1949 Amendment Act.

The Ambulance Service is one which requires constant vigilance on the part of the Local Health Authority. In a rural County such as West Suffolk it often appears impossible for hospitals to adjust their clinic appointments to coincide with available public transport. Consequently, there are bound to be cases transported by the Ambulance Service which could probably have gone to hospital by other means.

The general medical practitioners have been most co-operative in ensuring that the Ambulance Service is used for its legitimate purpose.

MILEAGE.

Year.	*Ambulance.*	*Sitting Case Cars. Hospital Car Service.*	*Taxicabs.*	*Railway (estimated).*
1948 (half-year)	46,195	70,229	2,178	—
1949	108,518	203,470	6,827	—
1950	128,018	250,805	5,443	—
1951	126,295	235,927	4,956	510
1952	122,190	261,664	3,693	4,070

ALLOCATION OF AMBULANCES.

Location.	*Position on 31st December, 1952. Owned by L.H.A.*	*Loaned to L.H.A.*	*Manned by.*
Bury St. Edmunds Area.			
Bury St. Edmunds.	Bedford, 1952	—	British Red Cross Society
	Bedford, 1951	—	,, ,, ,, ,,
	Austin, 1948	—	,, ,, ,, ,,
County reserve.	—	Bedford, 1939	—
		Fordson, 1945 (temporarily located at Haverhill)	—
		Austin, 1944 (temporarily located at Newmarket)	—
Mildenhall.	—	Fordson, 1945	Volunteers
Haverhill Area.			
Haverhill.	Austin, 1946 (off road)	—	Contracting garage
Newmarket Area.			
Newmarket.	Austin, 1949	—	British Red Cross Society
	Bedford, 1952 (off road)	—	,, ,, ,, ,,
Sudbury Area.			
Sudbury.	—	Austin, 1944	British Red Cross Society
	—	Austin, 1935	Contracting taxi proprietor

In addition an ambulance of the Thetford Ambulance Committee serves the Brandon area, and ambulances of the East Suffolk County Council stationed at Ipswich and Stowmarket serve the Hadleigh area.

PREVENTION, CARE AND AFTER-CARE.

Tuberculosis.

The chest physician, who holds a joint appointment under the Regional Hospital Board and the County Council, undertakes the supervision of all tuberculous patients, the examination of their contacts and the B.C.G. vaccination of suitable cases. One of the County health visitors visits all tuberculous patients in their homes to advise and follow up treatment. Where necessary shelters and extra nourishment, in the form of milk, are supplied. Beds, bedding and other nursing equipment are also available, through the British Red Cross Society's loan depots. Arrangements have been made for cases, in which re-habilitation is indicated, to be admitted to the Papworth Village Settlement.

Dr. Hay's report on his work for the County Council during the year is as follows:—

"PREVENTION.

Prevention must be the chief object in our campaign against tuberculosis and a considerable part of the work, both at the Clinics and in domicilary visits, is devoted to this.

Contact examination is of major importance and special Clinics are held regularly, when contacts are examined, X-rayed and tuberculin tested. Out of a group of 224 contacts examined 6 were found with pulmonary tuberculosis, an incidence many times greater than that found in the general public.

All tuberculin negative contacts are offered B.C.G. vaccination. During the year 54 susceptible contacts were vaccinated, as were also 12 newborn babies of tuberculous mothers.

The number of new cases of pulmonary disease was considerably less at 62 than in the previous year when it was 104. We must remember, however, that the Mass X-ray Unit was working in the area during the latter part of 1951 and some cases coming to light in 1951 would probably have been otherwise postponed until 1952. The reduction is most noticeable amongst women. Men over the age of 45 show the least decline and form a group in which the disease is tending to cling as a last resort.

The search for undiagnosed cases must be pursued by all possible means and the tuberculin testing of school children is a potentially profitable method, for positive reactors often point to an active adult case. During the year 47 home visits were paid by the Chest Physician.

NON-PULMONARY TUBERCULOSIS.

Tuberculous glands of the neck continue to be seen, particularly in children, with considerable frequency. A number of these cases are due to the drinking of tuberculous milk and as such are easily preventable by the pasteurisation of all milk not from attested herds. This form of tuberculosis is very rarely seen in the cities where most of the milk is pasteurised and it must be regarded as a serious reflection on our society that an eminently preventable disease is not prevented.

CLINICS.

The work of the tuberculosis scheme centres on the Chest Clinics and most of the Contact and After-Care work is carried out there. Attendances at Newmarket, Bury St. Edmunds and Sudbury continue high but there is no delay in seeing any new cases and transport facilities provided by the Local Health Authority, where necessary for the patient, are generally good. Easy access to X-ray facilities for the General Practitioners is provided at all these Centres and this is considered of great importance in the early discovery of new cases of pulmonary disease.

WELFARE.

There is one whole-time tuberculosis Health Visitor provided by the Local Health Authority, who contacts the Chest Physician in the Clinics and whose work is of the greatest importance. She must keep the Chest Physician informed of changing conditions in the home and, in the absence of an Almoner, carries out much of the welfare work for which the local Health Authority is responsible. The Almoner at the West Suffolk Hospital has also given valuable assistance with patients attending the Bury Clinic. The British Red Cross continue to help many patients in ways not open to official bodies. Their help is always readily given and generous in deserving cases.

SANATORIUM AND HOSPITAL BEDS.

No patient has had to await admission to a hospital bed for more than a few days and the resources of all the sanatoria in East Anglia are available to West Suffolk patients, through the East Anglian Regional Hospital Board. Most West Suffolk patients continue to be treated in Newmarket General Hospital and a certain number of women in Nayland Sanatorium. Cases requiring surgery go to the Thoracic Surgical Unit at Papworth. Here again the waiting list has been reduced in most cases to a few days.

The number of deaths from tuberculosis in the County was small, 18 pulmonary and 2 non-pulmonary and the death rate compares favourably with most areas in the country.

I have to thank the Medical Officer of Health and his Department for the co-operation and help given throughout the year."

Sixty-two cases of pulmonary tuberculosis were notified during 1952; this is a decrease of 42 on the corresponding figure for 1951.

Cases of non-pulmonary tuberculosis notified during the year numbered 24, which is the same as for the previous year.

During the year 20 deaths were recorded, 18 being pulmonary and 2 non-pulmonary cases. In the previous year there were 27 deaths comprising 23 pulmonary and 4 non-pulmonary cases.

I submit herewith a Table of New Cases reported in 1952, together with a summary of the deaths from tuberculosis in the area during the year.

NEW CASES AND DEATHS DURING 1952

New Cases.					*Deaths.*				
Age Periods.	*Pulmonary.*		*Non-Pulmonary.*		*Age Periods.*	*Pulmonary.*		*Non-Pulmonary.*	
	M.	F.	M.	F.		M.	F.	M.	F.
0	—	—	—	—	0	—	—	—	—
1	—	—	2	3	1	—	—	—	—
5	—	2	4	4	5	—	—	—	1
10	1	2	—	1					
15	2	6	—	3	15	—	—	—	—
20	3	5	2	1					
25	9	5	—	3	25	2	1	—	—
35	3	8	—	—					
45	7	1	—	—	45	4	2	1	—
55	4	2	—	1					
65 and upwards	2	—	—	—	65	5	4	—	—
Totals ..	31	31	8	16	Totals ..	11	7	1	1

Illness Generally.

The services of the health visitors and district nurses are available to help and advise in all cases of illness or of persons discharged from hospital. Nursing equipment is available through the agreement with the British Red Cross Society for the provision of Medical Loan Depots.

DOMESTIC HELP.

A Home Help Service has been established to assist where necessary in households where there is a person who is ill, an expectant or lying-in mother, a mental defective, or a child not over compulsory school age. The helpers are all employed on a part-time basis and no retaining fees are paid. Recruitment has been attempted by appeals for help through the Women's Institutes and the district nurse-midwives, and by advertisements in the local press. The latter method has proved the most successful. Although the number of helpers is tending to rise, it is not always possible, especially in the more isolated rural parts of the County or in the areas where women are employed in factories, to provide a helper when required. It is hoped, however, now that wages have been fixed on a National scale, that the position will improve.

The service is supervised by a voluntary part-time Home Help Organiser who investigates all applications for help and arranges the work of the helpers. Normally charges are made for the service but in cases of hardship, householders are assessed and the fees are reduced or remitted according to circumstances.

The cases assisted during 1952 were as follows:—

Maternity	12
Tuberculosis	2
Others	103

At the end of the year there were 54 helpers enrolled, and 68 cases were being assisted.

HEALTH EDUCATION.

The Medical Officers of the Health Department, the Health Visitors and the Welfare Officers give talks and lectures, whenever requested, to such voluntary organisations as Women's Institutes and Parent-Teachers' Associations. Seventeen such lectures were given during 1952.

Talks are also given by the Health Visitors to the mothers attending the Infant Welfare Clinics. At these clinics models illustrating the causes of accidents in the home, and posters depicting various health subjects are displayed.

The Health Visitors give courses of lectures in Mothercraft and Home-nursing in two Modern Secondary Schools where pre-nursing courses have been started. Appreciation of this service has been expressed by the School Authorities.

MENTAL HEALTH.

The following Annual Report for the year 1952 has been received from the Suffolk County Joint Mental Health Board:—

"*Administration.*

The Suffolk County Joint Mental Health Board perform the functions relating to Mental Health which devolve upon the East and West Suffolk County Councils. Ten members are appointed by each of the County Councils from amongst their elected members and the Joint Board are empowered to co-opt five members.

Staff.

The Medical Officer is the County Medical Officer for East Suffolk. The County Medical Officer of Health for West Suffolk and Assistant County Medical Officers for both East and West Suffolk are available for work for the Joint Board and are all approved to give certificates under Section 5 of the Mental Deficiency Act, 1913.

There is one full-time Mental Health Visitor (unqualified) who investigates all new cases. Arrangements are made whereby the Welfare Officers of the two County Councils carry out work under the Mental Deficiency Acts, such as affording Statutory and Friendly Supervision. They also act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts.

The joint Board employ one full-time Home Teacher.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The following arrangements obtain:—

1. With the Management Committee of the Royal Eastern Counties Institution, which is in the area of the North-East Metropolitan Regional Hospital Board, for the supervision by the Officers of the Joint Board of patients on licence from the Institution and for the provision of the necessary reports upon the home circumstances of patients.
2. With the East Anglian Regional Hospital Board for the supervision of patients on licence from institutions in the Hospital Board's area and for the provision of reports on home circumstances.

Work Undertaken in the Community in West Suffolk.

Admissions to Mental Hospital.

During the year the Duly Authorised Officers of the Joint Board attended on the admission of 34 male and 61 female patients from West Suffolk to mental hospitals. These numbers are comprised as follows:—

Under the Lunacy Acts.	*Males.*	*Females.*
On certification	3	10
On three-day orders under Section 20	8	15
Under the Mental Treatment Act.	*Males.*	*Females.*
As voluntary patients over the age of 16 years ..	23	34
As temporary patients	—	2

The Welfare Officers of both the East and West Suffolk County Councils, whose part-time services are available to the Joint Board to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts, have in addition given much useful help to a number of patients discharged from mental hospitals where it was felt that after-care and assistance in coping with the problems involved in returning to normal community life were necessary.

Mental Deficiency Acts.

Admissions to Institutions.

The shortage of institutional accommodation for mental defectives has remained very acute. During the year arrangements were made for the admission to institutions of 6 male and 5 female patients. The numbers remaining on the waiting lists on 31st December, 1952, were 15 males and 13 females.

Supervision.

The numbers under supervision on 31st December, 1952, were as follows:—

	Males.	*Females.*
Statutory Supervision	99	101
Friendly Supervision	20	17

Home Training.

The Home Training Scheme continues to function very satisfactorily and on 31st December, 1952, 7 males and 38 females were receiving training in their own homes.

Ascertainment.

During the year 30 new cases (14 males and 16 females) were ascertained.

Guardianship.

The only patient under Guardianship of West Suffolk origin was one female."

During 1952 consideration was given by all the Authorities concerned to future arrangements for the Mental Health Service in Suffolk. The County Medical Officer summarised the position as follows:—

(*a*) The development of a Mental Health Service has not in any way been improved by the establishment of a Joint Board for the two Counties, as compared with its logical development as one part of the Health Service alongside the other functions.

(*b*) Its work does not seem to justify taking up the time of the members and the travelling involved.

(*c*) It has not led to economy in staff and travelling, but has actually had the reverse effect.

(*d*) To a not inconsiderable extent it precludes the allocation of services and co-ordination of the work of the outside staff to the best possible extent and this entails an unnecessarily large amount of travelling.

In view of these facts, the Board and both County Councils decided to ask the Minister of Health to revoke the Suffolk County Joint Mental Health Board Order and the Minister has agreed. The West Suffolk County Council will, therefore, become responsible for the Mental Health Service in their area as from April 1st, 1953.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Pasteurising Plants.

During the year two new licences were granted, bringing the total number of licensed pasteurising plants at the end of the year up to eight. Early in the year one licence was suspended, in spite of an appeal by the owners of the plant, as repeated samples of milk from this plant taken over a considerable

period had failed to pass the necessary tests. Later, after certain alterations to the plant, which were considered adequate, were carried out, the suspension was cancelled.

Inspections were made of all plants by Mr. Thompson, the Chief Sampling Officer and Inspector of Weights and Measures, and his staff at regular intervals or more frequently when necessary. They took 214 samples of pasteurised milk, 30 of which failed to pass the phosphatase test. Of these, four were from the plant mentioned above, taken before the suspension of the licence, and eight were from the same premises taken later in the year. A special investigation of this plant, in which the bacteriologist from the Public Health Laboratory at Cambridge helped, was carried out and certain adjustments were made in the new plant that had been installed, apparently with satisfactory results. After further failures, however, at a later date, the manufacturers of the plant were called in, and the whole of the regeneration section was replaced. All the other failures were investigated in order that the causes of trouble could be traced. In spite of automatic devices in the plants, the human element enters into the processing and constant care is required to ensure satisfactory results.

Milk in Schools.

One-third of a pint of milk continued to be supplied, free of charge, to children on each school day throughout the year. The number of bottles consumed on a day chosen at random in October was 11,202, representing some 73 per cent. of the school population. As many schools as possible are supplied with pasteurised tuberculin tested milk. Where this is not available pasteurised milk is obtained or, failing the latter, tuberculin tested milk. During the year only one school was supplied with non-designated milk, but this supply has now been changed to pasteurised milk.

Under the direction of the County Medical Officer, the Chief Sampling Officer and Inspector of Weights and Measures continues to supervise the supply of milk to schools.

He took 178 samples of milk supplied to schools, 132 of pasteurised milk, 42 of tuberculin tested milk and 4 of non-designated milk. Thirteen samples of the pasteurised milk failed in the phosphatase test and 7 in the methylene blue test. In 3 cases the milk was obtained from outside the County and the appropriate Authorities were informed of the failures. In the other cases investigations were made to trace the causes of the failure with a view to the defects being remedied. Some suppliers, in cases where the failures were thought to be due to ineffective sterilisation of the bottles, drew attention to the difficulties experienced in dealing with bottles returned unwashed from the schools. The matter was therefore referred to the Education Committee, and the head teachers have now been asked to arrange for the bottles to be completely emptied and, if possible, rinsed before return. The samples of tuberculin tested and non-designated milk were submitted for biological tests with negative results in all cases except one, which might have contained brucella abortus, the result being doubtful as two samples had been injected into one guinea-pig. A second sample from the same source, however, proved to be satisfactory, and in the meanwhile the milk at the school concerned was boiled. Most of the samples taken from schools were tested locally for fat and non-fatty solids and all these were found to be satisfactory.

Sale of Infected Milk.

During the year 198 samples were taken from tuberculin tested, accredited and non-designated herds for biological tests. Tubercle bacilli were found in six cases and brucella abortus in nine cases. These cases were reported to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, who examined the herds involved and took further samples of milk in order to discover and deal with the infected animals, and also to the Medical Officer of Health of the District concerned.

On account of the prevalence of Foot and Mouth Disease no samples were taken between 18th March and 6th May, 1952.

Samples from Institutions.

Samples of milk for examination were taken from the West Suffolk General Hospital, Walnuttree Hospital, Crofton House, Alexandra Home and Dr. Barnardo's Home at Long Melford. All proved to be satisfactory with the exception of a sample of pasteurised milk from Crofton House, which failed in the phosphatase test. A further sample, however, taken a few days later, proved to be satisfactory.

Food and Drugs Act, 1938, and Public Health (Preservatives, etc., in Food) Regulations.

During the year the officers of the Weights and Measures Department took 478 samples, of which 47 were found to be adulterated or not up to standard. These adverse reports were 9.8% of the total number of samples. The comparable figures for the years 1951 and 1950 were 14.1% and 25.2%, respectively. Again the bulk of the samples taken were of milk. Of these, 11.4% were found to be not genuine as compared with 12.8% in the previous year. One farming company was fined; in another case it was suspected that the milk was being skimmed but the consumers, a Service Department, were unwilling to prosecute. In the other cases the milk was "as the cow gave it". Deficiencies in fat were found throughout the year and the majority were natural deficiencies due entirely to the cows. In several cases the producers were advised to consult the officers of the Ministry of Agriculture and Fisheries with a view to improving the quality of their milk.

In one case of deficiency of meat in pork sausages a fine was imposed. A sample of custard mixture was found to be rancid and the supply, which was old stock, was destroyed by the Local Sani-

tary Authority. In some cases when analysis showed that the food was not as described on the labels, the producers were requested to alter the labels.

Details of the samples taken are as follows:—

	Number taken.	*Number adulterated or not up to standard.*
Almond Mixture	1	
Cheese and Cheese Spreads	9	
Chicken (Minced)	1	1
Chocolate Cup	1	
Coffee and Chicory Essence	3	
Christmas Pudding	1	
Creamed Rice	1	
Custard Mixture	1	1
Dressed Crab	1	
Fish (tinned)	1	
Flour Mixtures	5	
Foam Crystals	1	
Gelatine	3	
Glucose—powdered	1	
Ground Almonds	1	
Horseradish	1	
Ice Cream	10	
Icing	1	
Jam and Marmalade	6	
Jellies	9	1
Lemon Crystals	1	
Lemonade Crystals	1	
Lemon Cheese	1	
Lemon Squash	1	
Malt, Egg and Milk Food	1	
Marzipan	1	
Meat Paste	1	
Meat Products	2	
Milk	334	38
Mince-meat	2	
Olive Oil	1	
Pea-nut Butter	1	
Pepper	2	
Rutin T	1	
Sausages and Sausage Meat	56	5
Sherry	1	
Skim Milk Powder	1	
Soup Powders	4	
Tea Substitute	1	
Tomato Ketchup	2	
Vegetarian Foods	2	
Vinegar	1	
Wines—non-alcoholic	2	1
	478	47

NATIONAL ASSISTANCE ACT, 1948

WELFARE OF THE AGED AND THE DISABLED.

Welfare Officers.

In addition to the Welfare Officer for the Blind who is a qualified Home Teacher, there were three Welfare Officers and one Assistant Welfare Officer on the staff of the Department.

During the year, the Welfare Officers paid 1,766 visits to Aged and Disabled Persons, excluding blind and partially sighted persons, and 446 visits to other persons.

The Welfare Officers were also Duly Authorised Officers of the Suffolk County Joint Mental Health Board.

The practice of Welfare Officers visiting blind and partially sighted persons who are incapable of being trained in anything but, possibly, simple pastime occupations and who generally need only welfare visits, was continued. Thus the Welfare Officer for the Blind, who is a qualified Home Teacher, was able to devote her time to blind persons who are trainable or who are in need of visits from a specialist welfare worker for the blind.

Welfare of the Blind and Partially Sighted.

There were 261 registered blind persons and 29 partially sighted persons in the County at the end of the year, the age groups of the respective classifications being as follows:—

Blind.

	0-4	5-10	11-20	21-30	31-39	40-49	50-59	60-64	65 *and over*	*Total.*
Male	1	1	—	4	3	7	11	15	70	112
Female	—	2	1	3	4	9	14	12	104	149
Total	1	3	1	7	7	16	25	27	174	261

Partially Sighted.

	0-4	5-15	16-20	21-49	50-64	65 *and over*	*Total.*
Male ..	—	—	1	3	4	9	17
Female ..	—	2	—	1	2	7	12
Total ..	—	2	1	4	6	16	29

The examination and certification of blind persons is undertaken by registered medical practitioners who have special experience in ophthalmology.

Twenty-five new blind cases and fourteen new partially sighted cases were registered during the year.

The Welfare Officers paid 2,148 visits to blind and partially sighted people during the year and 44 lessons in Braille and Moon type were given.

The arrangement with the Norwich Institution for the Blind for the supervision of the Home Workers is still in force, and the capitation grant to the Institution has been increased from £10 to £15 per annum. There were two such workers, both basket makers, recognised under the scheme. One Home Worker, a Braille copyist and piano tuner, not supervised by the Norwich Institution for the Blind, was in receipt of augmentation of income from the County Council.

The Ministry of Labour and National Service made a grant under the Disabled Persons (Employment) Act, 1944, towards certain expenditure incurred in the employment of Blind Persons in Home Workers' Schemes.

One person was maintained in an Institution for the Blind as a workshop employee. The County Council received a capitation grant from the Ministry of Labour and National Service towards the cost of his maintenance.

In addition to the recognised Home Workers, 11 persons were employed in remunerative occupations as follows: 1 Agricultural worker, 1 basket worker, 1 carpenter, 2 factory workers, 1 minister of religion, 1 netting maker, 2 telephone operators, 1 publican and 1 caretaker.

Social gatherings, excursions and holidays for blind people have been arranged, and wireless sets, provided by the British Wireless for the Blind Fund, have been distributed.

Close touch has been maintained with the West Suffolk Voluntary Association for the Blind, who are able to provide those extras upon which much of the happiness of blind people depends, but which cannot be supplied through the statutory service. The wireless sets were maintained and 16 talking book machines have been supplied on loan to blind people in the County. Other provisions varied from Braille watches to invalid food in cases of illness. Grants from the funds of the Association were made to provide holidays, at Christmas time, and in special circumstances.

Two members of the Health Committee represented the County Council on the Southern Regional Association for the Blind, to whom the County Council makes an annual grant.

A grant was made to the National Library for the Blind for services to 14 blind readers in the County and in certain cases, the Council also paid the cost of postage on books.

Welfare of the Deaf and Dumb and Hard of Hearing.

There were 43 deaf or deaf and dumb persons in the County, of whom 9 were children at Special Schools, together with 41 persons who were registered as being " hard of hearing".

When the Scheme for the provision of welfare services was considered, it was decided that the Council should carry out the services direct but that the Council should continue to co-operate with the Suffolk Mission to the Deaf. Consequently, the annual grant to the Mission was reduced from £150 to £50 as from 1st April, 1952.

The Chairman of the Health Committee continued to act as the County Council's representative on the Committee of the Mission.

The County Council is affiliated to the South-East Regional Association for the Deaf.

Welfare of the Disabled (General Classes).

There were 43 Handicapped Persons (other than the blind and the deaf) on the Council's Register at the end of the year.

Occupational Therapy.

Several Sales of articles made by blind and other disabled persons were held during the year, including a very successful sale and exhibition at the Stanningfield and District Agricultural Show.

Welfare of the Aged.

Two members of the Health Committee were appointed to serve on the Suffolk Old People's Welfare Association to whom the Council made a grant of £10 during the year.

No application for assistance towards expenditure incurred in the establishment or running of Old People's Clubs was received during the year.

Residential Accommodation.

Residential Accommodation continued to be provided in two Hostels managed by the County Council (Bristol House, Felixstowe, and Glanely Rest, Exning), in a Joint-user Institution under the management of the Regional Hospital Board and by arrangement with other local authorities and voluntary organisations.

On the 31st December, 1952, residential accommodation was provided as follows:—

St. Mary's Hospital, Bury St. Edmunds	122
Glanely Rest, Exning	56
Bristol House, Felixstowe	45
Red House, Sudbury	5
Manson House, Bury St. Edmunds	1
"Cloncurry", Felixstowe	9
Homes for Epileptics	4
Home for Deaf and Dumb Women	1
Maintained in Other Local Authorities' Homes	3
	246

County Hostels.

Both the Hostels managed by the County Council have been provided in adapted premises and it has soon become evident that as most persons requiring residential accommodation are over 75 years of age and many of them cannot climb stairs or can only do so with some difficulty or assistance, there is a distinct shortage of ground floor accommodation.

The installation of a lift at Glanely Rest has been investigated but in view of the high cost and the long delay in delivery by manufacturers, the provision of additional accommodation on the ground floor at this Hostel, either by the erection of a new wing or by the re-arrangement of the present accommodation, has been considered.

It has been found necessary to increase the staff establishment of each of the Hostels by the addition of a full-time night attendant.

The re-designation of the post of Assistant Matron in the Hostels has also been considered during the year. The title "Assistant Matron" tends to mislead applicants to think that the work is mainly of a supervisory charactor. In a small Hostel, however, this is not so. The Council also hold the view that, as many of the residents are frail and must spend short periods in bed throughout the year, the post of Matron should be held by a State Registered Nurse and her deputy should have, at least, considerable nursing experience. It was decided, therefore, that as and when they became vacant, the posts of Assistant Matron should be re-designated "Nursing Assistant" and that the persons appointed should be either State Enrolled Assistant Nurses or have had considerable nursing experience.

It was decided that the accommodation at Bristol House should be re-arranged to permit the establishment of a sick room with one bed. The number of beds available for occupation was thus reduced by one from 46 to 45.

The Standard Charge for accommodation in the Hostels during the year 1952-53 was £3 10s. 0d. per week, but people unable to pay this amount were assessed according to their means.

Section 47.

One person was compulsorily removed to residential accommodation under Section 47 of the Act during the year, by order of the Haverhill Magistrates Court. Application for the Order was made by the Clare Rural District Council.

Registered Homes for Aged and Disabled Persons.

Six Aged and Disabled Persons' Homes in the County, with a total accommodation for 90 persons were re-inspected during the year and their registration continued. There was no new registration during the year.

Temporary Accommodation.

During the year temporary accommodation for persons in urgent need thereof was provided at St. Mary's Hospital, Bury St. Edmunds, for three men, five women and eight children.

Problems arose with regard to the provision of accommodation for families rendered homeless as a result of Eviction Orders, and representatives of the County Councils and the District Councils met to discuss the matter. It was agreed that the District Councils should investigate the possibility of acquiring suitable premises in a central area to accommodate "problem" families and that, in the event of such accommodation being obtained, the County Council should be asked to make available the services of their appropriate officers to assist in the rehabilitation of these families. No accommodation had been found by the end of the year.

Protection of Property.

Eight cases were dealt with by the County Council's Officers during 1952.

Reception Centre.

The County Council continued to act as the agent of the National Assistance Board for the management of the Reception Centre for Persons without a Settled Way of Living at St. Mary's Hospital, Bury St. Edmunds. During 1952, 1,946 such persons were accommodated, an average of 5.3 persons each night.

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